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Integrating Nutrition into Multi-Sectoral Programming in Somalia: Best Practices and Opportunities

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ABSTRACT

***Background:** According to the Somalia Demographic Health Survey 2020, 28% of children below five years are stunted, with regional disparity ranging from 12.3% in Somaliland to 38.9% in South West. The contributing factors to the high prevalence of acute malnutrition include high morbidity, low immunization, low vitamin-A supplementation, poor infant and childcare practices and food insecurity. To tackle the immediate and underlying determinants of malnutrition, it is fundamental to integrate nutrition interventions through multi-sectoral programming as opposed to single interventions. This study investigated the potential of integration of nutrition with health, agriculture, education, social protection, water sanitation and hygiene in Somalia. The objective of the study was to generate evidence on integration models, best practices, drivers, and opportunities for improvement to inform learning for multi-sectoral programming for integrated nutrition interventions in the Country.*

***Methods:** Primary data was collected through Key Informant Interviews with selected respondents of various stakeholders in Somalia. The key informants were identified through a consultative process facilitated by the Office of the Prime Minister. Qualitative data from key informant interviews was analyzed into common themes, from which inferences were made and conclusions were drawn.*

***Results:** Nutrition interventions are well integrated with health, agriculture, education, water, sanitation and hygiene interventions in Somalia. However, most in Somalia were implemented with a humanitarian lens and not a nutrition lens. The main enablers of nutrition integration include political goodwill, conducive policy environment, readily available data, community participation and external support. However, there are barriers to integration such as lack of inter-sectoral coordination, inadequate technical and financial resources, short-term emergency projects, sociocultural practices hindering women empowerment and insecurity.*

***Conclusions:** The government should provide policy direction on nutrition integration into multi-sectoral programming with a keen focus on sustainable interventions.*

Keywords: *nutrition, nutrition intervention, multi-sectoral programming, Somalia*

INTRODUCTION

According to the Somalia Demographic Health Survey 2020, 28% of children below five years are stunted, with regional disparity ranging from 12.3% in Somaliland to 38.9% in South West [1]. More than 40% of women and children are anemic. Over 26% of women have iron deficiency anemia, while 34% of children and 11% of women are vitamin A deficient, [2]. The FSNAU-FEWSNET Post Gu report September 2020 reported the prevalence of Global Acute Malnutrition (GAM) as Serious (10–14.9%). The contributing factors to the high prevalence of acute malnutrition in Somalia include high morbidity, low immunization, and vitamin-A supplementation, poor infant and childcare practices, and food insecurity, [3]. The non-affordability of a nutritious diet by a majority of the population has serious consequences on the health and nutrition status of children and women. A recent fill the nutrient gap analysis (FNG 2019) showed the eight out of 10 households do not have access to a nutritious diet in Somalia. The cost of a nutritious diet is

four times higher than that of an energy-only diet, [4]. Malnutrition is both a cause and consequence of poverty. It is multi-causal and multifaceted and eliminating it can only be through multi-sectoral efforts which include the integration of nutrition-specific and nutrition-sensitive interventions with other sectors.

Integration of nutrition into other sectors aims to accelerate and scale-up efforts towards the elimination of malnutrition as a problem of public health significance, focusing on nutrition outcomes and commitments. There is increasing consensus that effective nutrition interventions must reach across sectors to address the multi-factorial determinants of malnutrition. In the past, many nutrition initiatives have been vertical programs implemented through isolated delivery systems. However, there has been a recent recognition that multi-factorial causation is best addressed with multi-sectoral interventions including gender equality and empowerment of women, being critical in achieving nutrition objectives. There is limited local evidence in Somalia to inform local programming priorities within the multi-sectoral perspectives, thus, there is a pressing need to ensure that nutrition programming provides value for money, by optimizing available resources. This requires strong evidence on successes and best practices that can be used to improve and strengthen multi-sectoral programming in Somalia. To tackle the immediate and underlying determinants of malnutrition, it is fundamental to continually generate, share, and adopt evidence on best practices and successes in nutrition programming.

This study investigated the integration of nutrition with health, agriculture, education, social protection, and water sanitation and hygiene (WASH). The study was conducted between September and October 2020 through Key Informant Interviews (KIIs) with stakeholders in the nutrition sector and other sectors in Somalia. The goal of the study was to generate evidence on integration models, best practices, drivers, and opportunities for improvement to inform learning for multi-sectoral programming for integrated nutrition interventions.

Methods

Primary data was collected through Key Informant Interviews (KIIs) with selected respondents of various stakeholders in Somalia. The key informants were identified through a consultative process facilitated by the Office of the Prime Minister (OPM). The respondents were drawn from the following organizations: SUN Donor Network (World Bank); Building Resilient Communities in Somalia (BRCiS); SUNUN (UNICEF, WFP, and FAO); Scaling up Nutrition- Civil Society Organisations, SUN-CSO (Action Against Hunger, Save The Children, Norwegian Refugee Council, Concern Worldwide and Gargaar Relief Development Organization Somalia-GREDOSOM); and, SUN Academia Network. Interviews were conducted virtually and face to face using an interview guide. The guide consisted of thematic and open-ended key questions. Virtual interviews were conducted by the consultants while face-to-face interviews were conducted by field staff in Somalia. All virtual interviews were recorded with prior consent from the respondents. Interviewers also recorded notes during the interviews.

Qualitative data from KIIs was analyzed into common themes, from which inferences were made and conclusions were drawn.

Results And Discussion

Integration of Nutrition into Multi-Sectoral Programming: Current Status in Somalia and Other Fragile Contexts.

Integration of Nutrition and Health: From the Key Informant Interviews, the nutrition-specific interventions that were integrated with health included: counseling of mothers on exclusive breastfeeding for the first six months of life; continued breastfeeding for up to two years or beyond and timely, safe, adequate and appropriate complementary feeding; growth monitoring and promotion; vitamin A supplementation; and screening, treatment, and referral of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM), Zinc supplementation and treatment of diarrhea and deworming. Other nutrition interventions identified under health included Integrated Management of Childhood Illnesses (IMCI) /Integrated Community Case Management (ICCM) and immunization. In the area, where food security is an issue preventive supplementary feeding for both children and pregnant and lactating mothers linking with the health system promotes the utilization of the health system and supports to improve maternal and child health and nutrition.

Integration of Nutrition in Agriculture and Livelihoods: The nutrition interventions/activities integrated with

agriculture and livelihood interventions included the delivery of nutrition education to households with a focus on dietary practices, food preparation, food selection, the nutritional content of different foods, and household food budgeting, with special tailoring of the education package based on whether the target communities were pastoralist, fishing, and agricultural communities. Social Behavior Change Communication was also used, especially to address cultural practices and promote the consumption of nutritious meals and dietary diversification. Long-term solutions to malnutrition require the transformation of the food system along food supply chains, in food environments, and across consumer behavior patterns to facilitate healthier diet choices.

Provision of productive farm inputs such as seeds was combined with technical training on production, food handling, food safety, storage, processing of the various food products (crop, livestock, and fish) as well as preservation techniques. FSL also conducts training for community members on the consumption of locally available nutritious foods that supports the nutritional status of U5 children and women.

Integration of Nutrition and WASH: The water, sanitation and hygiene (WASH) activities that were integrated with nutrition included the provision of hand washing facilities and clean water; hygiene awareness creation in the outpatient therapeutic programme (OTP) and supplementary feeding programme (SFP) for outpatient treatment of SAM and MAM; as well as in stabilization centers (SC) for the treatment of SAM with complications. WASH programs also contribute to hygiene kits like soap, Aquitab, and more others for Nutrition programs. Other activities that were routinely combined were Vitamin A supplementation, nutrition education, and awareness, deworming and community health and hygiene promotion, often during outreach.

Integration of Nutrition and Education: The integrated nutrition activities in education included school feeding programmes in which pupils received a nutritious meal, as well as nutrition education in form of messages, with a focus on good eating habits and healthy diets. Despite the access to adolescent girls in schools, no specific interventions were targeting them, presenting a major gap considering the critical stage of life and consequences of inadequate nutrition on health nutrition outcomes in subsequent generations.

Integration of Nutrition and Social Protection: Most social protection programmes in Somalia were implemented with a humanitarian lens and not a nutrition lens. Households with children with SAM or MAM were referred to cash transfer programmes. On the other hand, the rural safety net-unconditional cash transfer targeted women and mothers of children aged below 5 years. Provision of child-friendly spaces for the nutritional screening of children and referral within child protection centers was also mentioned. There was no evidence of impact on nutrition outcomes. However, from the systematic review, one study on integrated nutrition and cash transfer programmes reported significantly higher SAM recovery, lower MAM relapse, and lower SAM relapse, [5].

Integration across Several Sectors: Health, WASH, Agriculture, Nutrition, and Social Protection

The systematic review conducted during the study period showed that multi-sectoral integration including hygiene, nutrition, clean delivery kits and incentives, higher education level, and geographical contiguity to health facility were associated with the increased use of maternal health services by pregnant women and ultimate improvement of nutrition outcomes, [5]. A good example is the comprehensive package of assistance which included teachers' incentives, water, sanitation, and hygiene (WASH), school meals among others, and was delivered through a partnership of more than one organization. The package targeted the same schools in Gedo and Banadir.

Enablers of Nutrition Integration into Multi-Sectoral Programming

The integration of nutrition into multi-sectoral interventions provides stronger impacts on nutritional and non-nutritional outcomes as opposed to single interventions. The main enablers of integration were classified as follows:

Broad Context: This included political readiness, interest, support and progress monitoring for resilience and development initiatives; availability of highly educated personnel within the FGS; the universities in Somalia are also training qualified nutrition professionals; access to a productive pool of young people (less than30 years) who present the potential for unexplored knowledge pathways; a vibrant media and private sector;

increased goodwill and willingness from communities.

Policy Environment: The Somalia government has made great strides in its commitment to improving the nutritional status of the population, achieving the SDGs and the World Health Assembly (WHA) global targets. The policy environment in Somalia is conducive to the implementation of interventions within nutrition and other related sectors at national and state levels. These policies include the National Development Plan (NDP) 202-2024, the Somalia Nutrition Strategy (SNS) 2020-2025, Somalia multi-sectoral nutrition strategy and Common results framework for nutrition 2019-2014, Social mobilization advocacy and communication strategy (SMAC)-2019-2021 and Somali national micronutrient deficiency control strategy (2014–2016), Somalia Social Protection Policy, Somalia Micronutrient deficiency control strategy, among others.

Knowledge Sharing: The readily available data from the numerous studies on the nutrition situation in Somalia, especially from FSNAU reports, provides an opportunity for sectors to understand the nature and magnitude of the under nutrition problem in Somalia and the indisputable role of complementary sectors.

Interventions: There are notable clinical, organizational, and management capacities in successful implementation sites, especially community participation. The presence of Community Health Committees (CHCs) and community champions is critical for ownership and sustainability of programme interventions

External Support: There is increased interest and goodwill by stakeholders, and this is likely to result in more donors funding integrated programmes as opposed to sectoral programmes. Consortia also present platforms for discussions on joint funding, implementation, successes, and challenges of integrated programmes, with the strong nutrition cluster being a source of knowledge sharing.

Adoption System: This includes compatibility of personal, professional, and institutional goals, values and principles, collaborative support, engagement, and involvement, learning, and career development opportunities, and support for problem-solving.

Bottlenecks to Nutrition Integration

The main bottlenecks to the integration of nutrition in multi-sectoral programming include:

I. Broad context: Different line Ministries, sectors and clusters operate in silos, with no discussions on integration. Lack of inter-sectoral coordination and sectoral goals override nutrition goals. Limited understanding by most stakeholders of the importance of nutrition integration into multi-sectors. Other factors are linked to insecurity, which affects accessibility and reach of needy beneficiaries; conflict of policies and the uncontrolled private food markets including poor market regulation, leading to foods with little nutrient value.

II. Intervention context: There are clinical, organizational, and management capacity gaps across the country and relevant government institutions. In addition, funding is mainly sectoral, with no specific budget allocated to implementation and monitoring of nutrition activities even when they are mentioned in project documents. Inadequate data sharing and the humanitarian context of most interventions further undermine nutrition integration. The concentration of partners in urban areas with little reach in rural areas is also a challenge since rural areas have fewer potential programmes for the integration of activities/services.

III. Weak and inadequate resource, institutional and technical capacity to implement and review multi-sectoral policy and strategy framework – operationalization. There was also high staff turnover and attrition, limited community and patient/caregiver involvement and empowerment, and limited logistic capacity for bulky, expensive supplies. This presents missed opportunities for learning and reflection on coordinated multi-sectoral nutrition programming

IV. The clusters, sectors, and consortia work in silos with little or no coordination with each other. Each focuses on achieving sectoral goals, yet integration presents complementary benefits to all sectors. This leaves some of the community needs unmet and sometimes leads to duplication of activities.

V. Most projects are implemented as short term emergency projects as opposed to long term developmental projects. Such projects receive emergency funding, and the focus is on saving lives. Even where

nutrition could benefit, there was no integration at the project design level/phase.

VI. Multiple health information systems: Each sector has its Health information system, which may be overburdening staff in an integrated programme

VII. Sociocultural practices that hinder the empowerment of women and their participation in decision making in the household. These include widespread and severe social and economic discrimination, gender-based violence, food taboos for women and girls (especially pregnant and lactating women), Female Genital Mutilation (FGM), early marriages, lack of birth spacing, and high maternal mortality as highlighted in the Somalia Nutrition Strategy 2020-2025, [6]. The Strategy also identifies discriminatory Somalia customary law (*Xeer*) and religious law (*sharia*), as well as certain state legal systems as being discriminatory against women.

VIII. Limited investment in joint tracking, reflection, and learning on multi-sectoral programming barriers, gaps, and best practices with a lens for fragile context. There have been limited efforts in sustained nutrition programming studies and learning for fragile contexts regionally and globally, further hampering actors from drawing on winning interventions and experiences.

IX. Lack of a standard guideline and curriculum on healthy diets, leading to variations in nutrition training in institutions and messaging where nutrition education is integrated.

X. Insecurity. Insecure regions are hardly reached by interventions and services because of the high risk to staff.

Opportunities for nutrition integration

Key opportunities for strengthening multi-sectoral nutrition integration include:

1. Stronger leadership and political will for nutrition integration from the government. There has been enactment and progressive implementation of the Somali National Development Plan (NDP) for 2019–2024, The Somali Universal Health Coverage (UHC) Roadmap, (launched in September 2019) where nutrition integration agenda and milestones are entrenched. The nutrition budget across sectors has increased to over 3%.
2. Community involvement and goodwill are increasing, improving the conditions for community consultations and the efforts to ensure that the most vulnerable community members are reached.
3. Agriculture and livestock are identified in the National Development Plan (NDP) 2019-2024 among the major contributors to the Somalia economy. Value addition of animal products also presents an opportunity for the integration of nutrition to improve household income and nutritional status. There is also the opportunity for modernization, optimization, and value addition to agricultural products in the agricultural regions of Somalia as outlined in the NDP.
4. The presence of local NGOs provides an opportunity to reach poor households and malnourished children in remote areas with multi-sectoral programming.
5. The most common nutrition-sensitive intervention with the widest coverage is cash transfers, which can be used as an entry point for nutrition integration into other sectors.
6. NGO consortia provide an opportunity for bringing together the different sectors for joint planning, implementation, funding, monitoring of nutrition integration. However, they are also perceived as barriers to integration given that each consortium appears to ‘own’ and protect its activities.
7. The Somalia Partnership Forum (SPF) was identified in the NDP 2019-2024 as a forum for inclusive political dialogue between the government of Somalia and international partners at the highest level.
8. The academia provides an opportunity for the development and implementation of a harmonized and integrated nutrition training curriculum for Somalia.

Best practices

Given the complementarity of nutrition-sensitive and nutrition-specific interventions, a multiplier effect is achieved when integration is done at the sector level, especially involving more than two sectors. An example is the integration of nutrition services, promotion of sustainable diets, improving food system and food environment, health, livelihoods support, village loans and savings associations, SBCC

for development, and community participation. Additional benefits would be realized by linking vulnerable beneficiaries of health and nutrition services (for example immunization, growth monitoring, treatment of SAM and MAM) to cash transfers. Integrated packages should consist of livelihood support, depending on the type of livelihood. For example, support the agro-sector would include the provision of farming inputs such as vegetable seeds and tools, promoting short maturing crops, while providing animal support for pastoralist communities. Integrating nutrition in all interventions: For example, in emergency interventions, beneficiaries could receive training on food preparation, selection, benefits, budgeting. Livestock interventions: milk and meat hygiene, safety, preservation; fisheries: Nutrition education messages, safety in handling, preparation. Integrated packages should be designed with a gender lens, to include both males and females, as well as boys and girls.

Conclusions

1. Nutrition is integrated with various sectors including WASH, Health, social protection, education, and agriculture, but nutrition indicators are not included in the project designs and are therefore not monitored, and subsequently, data on the impact on nutrition outcomes is lacking.
2. Funding for nutrition integration is limited and fragmented. Each sector implements its activities and does not budget for implementation and monitoring of integrated nutrition activities. In the absence of joint funding, the nutritional needs of the community remain unmet.
3. The capacity for nutrition integration is low due to inadequate training for different sector staff on nutrition integration.
4. Line ministries and agencies lack nutrition focal persons; therefore, nutrition is not included in sectoral agenda.
5. Lack of coordination between clusters poses a challenge to nutrition integration
6. Sociocultural barriers exist in the implementation of nutrition-sensitive interventions, especially those targeting women.
7. Community participation is key to the integration of nutrition in multi-sectoral programming, improves targeting of the most vulnerable, and increases sustainability and ownership of interventions.
8. Food production or livelihood sector (Livestock, fishery, Agriculture) are not well-reflected nutrition agenda.

Recommendations

1. The government should provide policy direction on nutrition integration, with a clearly defined acceptable minimum for nutrition integration. While the minimum nutrition integration package may vary from sector to sector, promotion, and support for optimal IYCF and promotion and support for optimal maternal nutrition and care should be included in all multi-sectoral programming. In addition, all sectors should include clear nutrition objectives and indicators in the programme design.
2. While treatment for malnourished, children is critical and immediate interventions (MAM and SAM) are imminent, it is necessary to shift the focus to longer-term preventive nutrition programmes integrating across various sectors to build resilience and eventually build human capital through harmonized capacity building and training of nutrition resource persons for harmonized and standardized delivery of interventions
3. Identification and capacity building of a public institution into a Centre of Excellence (CoE) for nutrition in Somalia. The CoE should be empowered to provide leadership in addressing the multifaceted and multi-causal nutrition-related challenges and gaps, showcase best practices while supporting training and research for better nutrition service delivery across Multi-Stakeholder Platforms (MSPs). The recommended institute is the University of Mogadishu.
4. The development of a harmonized nutrition curriculum and integration into the education system in Primary, secondary and tertiary levels for capacity building of programs on the MSP agenda.
5. Strengthening of Multi-sectoral integration at community and project level should be considered from the design level, through increased and structured community participation, with a focus on the first 1000 days of life including maternal nutrition. SUN-Somalia should take the lead in the development of a joint action plan for nutrition integration by implementing partners, to guide intervention priorities.

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